


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P02000086553 1. Entity Name RAPUNZEL'S OF PALM BEACH, INC. |  |
|--|---|

Principal Place of Business
214 BRAZILLIAN AVE STE 200
PALM BCH, FL 33480

Mailing Address
214 BRAZILLIAN AVE STE 200
PALM BCH, FL 33480



03172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 52-2370671 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, LESLIE R
214 BRAZILLIAN AVE STE 200
PALM BCH, FL 33480

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000284765
04/02/05-80018-007 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | DP |
| NAME | EVANS, LESLIE R |
| STREET ADDRESS | 214 BRAZILLIAN AVE STE 200 |
| CITY-ST- ZIP | PALM BCH, FL 33480 |

| | |
|----------------|--------------------|
| TITLE | DV |
| NAME | EVANS, RANDI |
| STREET ADDRESS | 215 24TH ST #303 |
| CITY-ST- ZIP | NEW YORK, NY 10010 |

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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST- ZIP | |

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| CITY-ST- ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-05